



PACIFIC ENVIRONMENTAL SERVICES, INC.

13100 Brooks Drive
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July 24, 1995
4201.009/37

Mr. Mike Reed
Vice President, General Manager
Electronic Chrome and Grinding Company Inc.
9128 Dice Road
Santa Fe Springs, California 90670

Dear Mike:

Enclosed are five copies of the revised Permit By Rule facility specific and unit specific notification forms. Electronic Chrome and Grinding Company Inc.'s (Electronic Chrome's) fee is \$601.00, for which the Board of Equalization will bill you later.

Please sign all five copies where indicated. The distribution should be as follows:
1) Mail two copies to the Department of Toxic Substance Control in Sacramento using the enclosed envelope, via Certified Mail; 2) Mail one copy to the following address via Certified Mail:

Health/HazMat Division
Attention: Donald Thompson
7300 Alondra Boulevard
Paramount, California 90723;

3) Keep on copy for Electronic Chrome's file; and 4) Send one copy back to me.

If you have any questions, call me.

Very truly yours,

PACIFIC ENVIRONMENTAL SERVICES, INC.



Shao-Hua Lu, P.E.
Project Manager

SL/tse

Enclosures

DEPARTMENT OF TOXIC SUBSTANCES CONTROL

REGION 2-700 Heinz Avenue

Berkeley, CA 94710

CHECKLIST AND INITIAL VERIFICATION INSPECTION REPORT FOR
Permit by Rule, Conditionally Authorized, and Conditionally Exempt Notifiers

FACILITY NAME: Electronic Chroma EPA ID NUMBER: CAD008391427
PHYSICAL ADDRESS: 9128-32 Dice Rd
FACILITY CONTACT NAME: Ed Krueger; Mike Reed PHONE: (710) 946-6671
SIC CODE(S): 3471 INSPECTION DATE: 6/15/95 LOCAL #

NOTIFIED UNIT COUNT:	PBR	CA	CESW	CESQT	TOTAL
CORRECT UNIT COUNT:	PBR	CA	CESW	CESQT	TOTAL

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This checklist and inspection report identify violations of state law regarding onsite treaters of hazardous waste, operating under an onsite permitting tier. This inspection verifies the information provided on form 1772. It also covers generator requirements, although a separate checklist may be used for those requirements. A checkmark indicates violation of the law, which are explained in more detail on the attached note sheets. The governing laws are the Health and Safety Code (HSC) and Title 22 of the California Code of Regulations (22 CCR).

Generator Standards:

Each inspection agency may use their own generator inspection checklist or protocols, which are summarized below. A full evaluation of each item or document is not conducted during the Verification Inspection, unless serious deficiencies are suspected.

NO

- 1. Contingency plan has been prepared (adequately minimize releases, has alarm/communication system, lists emergency equipment and phone numbers for emergency coordinators).
- 2. Written training documents and records prepared for employees handling hazardous waste.
- 3. Meet container management standards (storage time limits, closed, labelled, compatibility, inspected weekly, in good condition, with ignitables/reactives 50 feet from property line).
- 4. Meet tank management standards (either secondary containment or integrity assessments, plus storage time limits, labelled, compatibility, inspected daily, in good condition, with ignitables/reactives 50 feet from property line).
- 5. All wastes are properly identified.

Treatment Items-Facility Wide: (Facility must submit a revised Form 1772 to correct errors or omissions.)

- 6. All units under PBR, CA, and CE are properly indicated on Form DTSC 1772. (Add any new units with unit sheets or correct tier on the unit sheet.)
- 7. All generator identification information on Form DTSC 1772 is correct.
- 8. ✓ The submitted plot plan/map adequately shows the location of all regulated units.
- 9. There are records documenting compliance with sewer agency pretreatment standards and industrial waste discharge requirements, where applicable.

For CA or PBR notifiers:

- 10. The generator has an annual waste minimization certification. (PBR submit with renewals.)



CHECKLIST AND INITIAL VERIFICATION INSPECTION REPORT FOR Permit by Rule, Conditionally Authorized, and Conditionally Exempt Notifiers UNIT SHEET

Complete one unit sheet for each unit either listed in the notification or identified during the inspection.

Unit Number: 001 Unit Name: Chroma Reducer
Notified Tier: CA Correct Tier: CA

Notified Device Count: Tanks 10 Containers —
Correct Device Count: Tanks 10 Containers 3

For all Units:

NO

- 11. All hazardous wastes treated are generated onsite.
- 12. The unit notification information is accurate as to the number of tank(s) or container(s).
- 13. ✓ The estimated notification monthly treatment volume is appropriate for the indicated tier.
- 14. The waste identification/evaluation is appropriate for the tier indicated.
- 15. The wastestream(s) given on the notification form are appropriate for the tier.
- 16. The treatment process(es) given on the notification form are appropriate for the tier.
- 17. The residuals management information on the form is correct and documented for the unit.
- 18. ✓ The indicated basis for not needing a federal permit on the notification form is correct.
- 19. ✓ There are written operating instructions and a record of the dates, volumes, residual management, and types of wastes treated in the unit.
- 20. ✓ There is a written inspection schedule (containers-weekly and tanks-daily).
- 21. ✓ There is a written inspection log of the inspections conducted.
- 22. If the unit has been closed, the generator has notified DTSC and the local agency of the closure.

For each CA or PBR unit:

- 23. The generator has secondary containment for treatment in containers.

For each PBR unit:

- 24. There is a waste analysis plan
- 25. There are waste analysis records.
- 26. There is a closure plan for the unit.

Unit Comments/Observations: *(If this is a unit that was not included on the notification form, the violation is operating without a permit-HSC 25201(a).)*



CHECKLIST AND INITIAL VERIFICATION INSPECTION REPORT FOR **Permit by Rule, Conditionally Authorized, and Conditionally Exempt Notifiers** **SIGNATURE SHEET**

Onsite Recycling: *Only answer if this facility recycles more than 100 kilograms/month of hazardous waste onsite.*

NO

- ___ 27. The appropriate local agency has been notified.
 ___ 28. All activities claimed under the onsite recycling exemption are appropriate.

Releases:

YES

- ___ 29. Within the last three years, were there any unauthorized or accidental releases to the environment of hazardous waste or hazardous waste constituents from onsite treatment units?
 ___ 30. Within the last three years, were there any unauthorized or accidental releases to the environment of hazardous waste or hazardous waste constituents from any location at this facility?

For purposes of a Tiered Permitting inspection, a release to the environment is unauthorized or accidental and does not include spills contained within containment systems.

Waste Minimization:

- ___ 31. Generator was subject to SB14 or SB1796 and failed to prepare and retain current source reduction documents, as applicable, and make them available to the inspector within (5) days.
A checklist or plan is required only if annual hazardous waste volume is over 5,000 kilograms (approximately 11,000 pounds or 1,350 gallons)
 ___ 32. Source Reduction Evaluation Review and Plan failed to contain, at a minimum, the following five required elements: certification, amounts of wastes generated, process description, block diagrams, and implementation schedule of selected source reduction measures.

This report may identify conditions observed this date that are alleged to be violations of one or more sections at the California Health and Safety Code (HSC) or the California Code of Regulations, Title 22 (22 CCR) relating to the management of hazardous waste. The violations may be described in more detail on the attached note sheets. If any violations are noted, the facility is required to submit a signed Certification of Return to Compliance within 30 days, unless otherwise specified. (A certification form is provided.) If any corrections are needed to the initial notification, the facility will submit a revised notification within 30 days to the Department of Toxic Substances Control and to the local enforcement agency.

Inspector(s):

Lead Inspector:

Signature: Donald Thompson
 Print Name: DONALD THOMPSON
 Title: HMS II
 Agency: LA CO FIRE HAZ MAT
 Phone Number: 710 790 1817

Other Inspector:

Signature: _____
 Print Name: _____
 Title: _____
 Agency: _____
 Phone Number: _____

Facility Representative:

Your signature acknowledges receipt of this report and does not imply agreement with the findings.

Signature: Mike Reed Print Name: Mike Reed
 Title: V.P. Rm Date: 6-15-95



CHECKLIST AND INITIAL VERIFICATION INSPECTION REPORT FOR
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NOTE SHEET

This sheet includes Inspector observations and expands on the violations identified on the checklist (by number). In some cases, it indicates how the facility should correct the violations. Also include the names of any others participating in this inspection.

Consent given by:

Mike Reed

Representatives Present:

Mike Reed Ed Knuckl

OBSERVATIONS: